

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **836952** (2)
1. Corporation Name
GMAC LEASING CORPORATION

Principal Place of Business Mailing Address
3044 WEST GRAND BLVD. RM AX-311 **3044 WEST GRAND BLVD. RM AX-311**
DETROIT MI 48202 **DETROIT MI 48202**

FILED
95 JAN 25 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/01/1976	3a. Date of Last Report 02/21/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 38-6041482	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Declared <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINNEGAN, JOHN D	1.2 NAME	
STREET ADDRESS	3044 WEST GRAND BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEANLETON, ROBERT J.	2.2 NAME	Gregory K. Merryman
STREET ADDRESS	3044 WEST GRAND BLVD	2.3 STREET ADDRESS	3031 W. Grand Blvd.,
CITY-ST-ZIP	DETROIT MI	2.4 CITY-ST-ZIP	Detroit, Michigan
TITLE	CD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRONIN, ROBERT J.	3.2 NAME	John E. Gibson
STREET ADDRESS	3044 WEST GRAND BLVD	3.3 STREET ADDRESS	3044 W. Grand Blvd.,
CITY-ST-ZIP	DETROIT MI	3.4 CITY-ST-ZIP	Detroit, Michigan
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, FREDERICK A.	4.2 NAME	Carol J. Knorr
STREET ADDRESS	3044 WEST GRAND BLVD	4.3 STREET ADDRESS	3044 W. Grand Blvd.,
CITY-ST-ZIP	DETROIT MI	4.4 CITY-ST-ZIP	Detroit, Michigan
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINES, JOHN R.	5.2 NAME	
STREET ADDRESS	3044 WEST GRAND BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEA, EDWARD J.	6.2 NAME	Susan G. Hauseman
STREET ADDRESS	3044 WEST GRAND BLVD	6.3 STREET ADDRESS	3044 West Grand Blvd.
CITY-ST-ZIP	DETROIT MI	6.4 CITY-ST-ZIP	Detroit, Michigan

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report, or supplemental annual report in lieu and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from an attachment with an affidavit.

SIGNATURE: *[Signature]* Asst. Secretary 1/17/95 313-556-1074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
A. M. Patterson